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ANNUAL REPORT

of the  
Medical Officer of Health

For the Year 1955

T. P. EVANS, M.R.C.S., L.R.C.P., D.P.H.,  
MEDICAL OFFICER OF HEALTH



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*Public Health Department,  
Council Offices,  
Beaconsfield.  
May, 1956.*

*To the Chairman and Members of the Beaconsfield Urban District Council.*

DEAR MR. CHAIRMAN AND MEMBERS,

I have the honour to present my Annual Report on the Health and Sanitary circumstances of the Council's district for the year 1955.

The graph on page 12 well illustrates the biennial characteristic of epidemic measles. Though the year 1955 was a "measles year" its number of cases was only just half the number of cases 260 in the previous "measles year" 1953. The number of the other commoner infectious diseases notified was low. There was no case of paralytic poliomyelitis or of diphtheria notified during the year. This makes 1955 the ninth consecutive year with no case of diphtheria notified in the Council's district, but I must remind the Council that the immunization rate against diphtheria of infants before reaching their first birthday was rather low.

Bucks was one of 88 Local Health Authorities that availed itself of the Ministry's permission to offer B.C.G. Vaccination against tuberculosis to volunteer 13-year-old school children. This was undertaken in the Spring Term. This practice of vaccination against tuberculosis accords with the changing pattern of tubercular infection and has the approval of present-day expert professional opinion. Its value lies in the fact that vaccination is believed to confer protection against tuberculosis upon those children where preliminary testing proves them to be non-reactors. Vaccination of such children protects them against the greatly increased risk of "chance infection" with tuberculosis during the vulnerable first few years after they leave school.

Immunisation is now-a-days practised against at least fourteen infectious diseases. Smallpox vaccination and diphtheria immunisation of young infants is well established: immunisation against tuberculosis with B.C.G. is now being widely practised, whilst travellers abroad are well acquainted with yellow fever vaccination. Immunisation as a preventive measure against these diseases has become a well established procedure and in the early summer of this year immunisation will be extended to another infectious

disease, viz. poliomyelitis. Sponsored by the Ministry of Health, immunisation against paralytic poliomyelitis on a voluntary basis of groups of children between the ages of 5 and 9 will be undertaken for the first time in this country in May and June, 1956.

Slum clearance, which has been in abeyance since the late thirties has, under The Housing and Repairs Act, 1954, been revived. The Housing Survey and outline report submitted to the Ministry under this Act on the 30th August, 1955, shows that the total estimated number of houses unfit for human habitation within the Council's district and suitable for demolition under the Housing Act 1935 to be 28. In the main the Council has adopted the "clearance area" procedure, and it is proposed that the work will be completed within the next five-year period.

The routine work of the Sanitary Inspector has been varied in character. During the year a good deal of time has been devoted to the housing survey of houses unfit for human habitation in the Council's district. This survey has added variety to the usual range of routine duties which include the investigation of nuisances and the taking of samples for investigation.

In conclusion I would like to thank my colleagues the Council's other Chief Officers for their continued co-operation and more especially Mr. Crosby, the Council's Engineer and Sanitary Inspector, for his kindly assistance during the year.

I have the honour to be

Your obedient servant,

T. P. EVANS,

*Medical Officer of Health.*

## **ARRANGEMENT OF THE REPORT**

### **Section I. General and Vital Statistics**

Statistics and Vital Statistics.

Social Conditions; Area; Population; Rateable Value.

Births and Deaths; Mortality Rates, 1955.

### **Section II. Infectious Diseases**

Prevalence and Control over Infectious Diseases.

Incidence of Notifiable Diseases.

Diphtheria; Poliomyelitis.

### **Section III. Health Services**

Hospital Services; Laboratory Services.

Nursing in the Home; Welfare Clinics; Ambulance Services.

### **Section IV. Tuberculosis**

New Cases and Mortality Rates, 1955.

Notifications, 1955; Milk Borne Tuberculosis, 1921-1953.

### **Section V. Milk**

Article 20; Milk and Dairies Regulations, 1949.

Tuberculosis Order, 1938.

Food and Drugs (Milk, Dairies and Artificial Cream) Act, 1950.

Specification of Areas.

### **Section VI. National Assistance Acts, 1948-1951**

Section 47 : "Care of Aged Persons," etc.

Section 50 : Burials.

### **Section VII. Housing**

New Houses constructed post-war period.

Housing Repairs and Rents Act 1954; Housing of the Aged and Elderly.

### **Section VIII. Sewerage and Sewage Disposal**

Sewerage; Sewage Disposal; Drainage.

Cesspool Emptying.

### **Section IX. Sanitary Services**

Water Supply; Refuse Disposal and Salvage.

Salvage Returns : Abatement of Nuisances.

Verminous Premises; Inspections; Pet Animals Act.

Rodent Control; Inspection and Supervision of Food.

Specified Area; Sampling.

### **Section X. Factories Act**

### **Section XI. Miscellaneous**

Appendices; Analysis of Water Samples.

### **STAFF**

T. P. Evans, M.R.C.S., L.R.C.P., D.P.H.

John H. Crosby, F.I.A.S., F.I.S.E., M.R.S.I.

# SECTION I

## GENERAL AND VITAL STATISTICS

### Statistics and Social Conditions of the Area

Area (acres) of District ... ..	5,310
Number of inhabitable Houses (per Rate Book) ...	2,610
Rateable Value of Area ... ..	£96,885
Sum represented by 1d. Rate ('55/56) ... ..	£394

### Population

The Registrar General's population figure for 1955 was	8,420
Population per square mile ... ..	990

Beaconsfield is situated about 25 miles west of London. It has its "old-town" whose red brick houses flank its broad High Street, and about three-quarters of a mile to the North East, is the "new-town," built around the more recent Railway Station.

Beaconsfield stands at the foot of one of the South-easterly spurs of the Chiltern Hills : its subsoil is mainly gravel.

Its proximity to London brings Beaconsfield increasingly within the influence of the metropolis. Both "the old" and "the new" towns are increasingly becoming London dormitory areas, and there is little reason to believe that this tendency will halt within the foreseeable future.

The "new town" has been very fortunate in its early planning in that its density of population is low, and it has attracted a large high-class population. Light industries have, however, infiltrated here and there, but they have been gentle in their intrusion.



# BIRTHS, INFANT AND MATERNAL MORTALITY

## Births

Birth rate per 1,000 population	...	...	...	15.4
---------------------------------	-----	-----	-----	------

(a) <i>Live Births</i>					<i>Males</i>	<i>Females</i>	<i>Total</i>
Legitimate	...	...	...	...	62	66	128
Illegitimate	...	...	...	...	3	2	5
							<hr/> 133

(b) <i>Still Births</i>							
Legitimate	...	...	...	...	—	1	1
Illegitimate	...	...	...	...	—	—	—
							<hr/> 1

Still Birth Rate per 1,000 births	...	—	—	7.4
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(c) <i>Deaths from Puerperal Causes</i>	...	...	...	Nil
---	-----	-----	-----	-----

(d) <i>Deaths of Infants under one year of age</i>					<i>Males</i>	<i>Females</i>	<i>Total</i>
Legitimate	...	...	...	...	3	1	4
Illegitimate	...	...	...	...	—	—	—
							<hr/> 4

(e) <i>Deaths of Infants under 4 weeks of age</i>					<i>Males</i>	<i>Females</i>	<i>Total</i>
Legitimate	...	...	...	...	3	—	3
Illegitimate	...	...	...	...	—	—	—
							<hr/> 3

Infant Mortality : All infants per 1,000 live births	30.1
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Neo-Natal Mortality : per 1,000 births	...	...	22.6
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## DEATHS

Disease					Males	Females	Total
1.	Tuberculosis	...	...	...	1	—	1
2.	Cancer	...	...	...	8	8	16
	(a) Lung : Bronchus	(3M. 0F.)					
	(b) Other : Glands, etc.	(4M. 3F.)					
	(c) Stomach	(1M. 3F.)					
	(d) Breast	(0M. 2F.)					
3.	Circulatory	...	...	...	4	4	8
	(a) Intracranial lesions	(3M. 4F.)					
	(b) Others	(1M. 2F.)					
4.	Heart	...	...	...	14	15	29
	(a) Coronary, Angina, etc.	(8M. 14F.)					
	(b) Hypertension	(1M. 1F.)					
	(c) Others	(5M. 10F.)					
5.	Syphilis	...	...	...	1	—	1
6.	Diabetes	...	...	...	1	2	3
7.	Bronchitis	...	...	...	1	2	3
8.	Pneumonia	...	...	...	3	2	5
9.	Other ill-defined diseases	...	...	...	3	4	7
10.	Motor Vehicles	...	...	...	1	1	2
					—	—	—
					37	38	75
					—	—	—

# COUNTY OF BUCKINGHAM (Urban Districts only)

## Population, Births and Mortality Rates for the Year 1955.

District	Population Census 1951	Registrar General Estimated Population Mid-1955	Crude Birth Rate per 1,000 Population	Crude Death Rate per 1,000 Population	Tuberculo- sis Death Rate per 1,000 Population	Infant Mortality Rate per 1,000 Births	Neo-Natal Mortality Rate per 1,000 Births	Maternal Mortality per 1,000 live and Still births
URBAN								
Aylesbury ...	21,054	21,330	16.5(353)	10.1(216)	—(—)	17.0(6)	8.5(3)	—(—)
Beaconsfield ...	7,909	8,420	15.8(133)	8.9(75)	0.12(1)	30.1(4)	22.6(3)	—(—)
Bletchley ...	10,916	13,060	17.2(225)	8.0(105)	—(—)	17.8(4)	17.8(4)	—(—)
Buckingham ...	3,944	4,120	13.8(57)	11.7(48)	—(—)	17.5(1)	17.5(1)	—(—)
Chesham ...	11,428	11,830	14.1(167)	12.6(149)	—(—)	12.0(2)	—(—)	—(—)
Eton ...	3,250	4,860	13.6(66)	6.8(33)	—(—)	45.5(3)	45.5(3)	—(—)
High Wycombe ...	40,692	42,800	16.2(694)	9.2(393)	0.05(2)	11.5(8)	8.6(6)	—(—)
Linslade ...	3,269	3,500	17.7(62)	9.4(35)	—(—)	16.1(1)	16.1(1)	—(—)
Marlow ...	6,480	6,710	17.3(116)	8.9(60)	0.15(1)	17.2(2)	8.6(1)	—(—)
Newport Pagnell ...	4,366	4,320	12.5(54)	14.6(63)	—(—)	—(—)	—(—)	—(—)
Slough ...	66,439	67,940	14.5(986)	8.6(586)	0.13(9)	24.3(24)	21.3(21)	—(—)
Wolverton ...	13,421	13,510	13.2(179)	12.5(169)	0.07(1)	5.6(1)	5.6(1)	—(—)
TOTAL ...	193,168	202,400	15.3(3092)	9.5(1930)	0.07(14)	18.1(56)	14.2(44)	—(—)

NOTES:—1. In view of the small numbers on which some of the rates quoted are based, the actual numbers are given in parenthesis for the purpose of clearer comparison.

# SECTION II

## INFECTIOUS DISEASES

During the year the incidence of notifiable infectious diseases was, once again, low. Reference to the graph, page 12, illustrating the biennial character of epidemic measles, shows that the year 1955 was a "measles year". The total number of 123 cases was only about half the number notified in the previous "measles year" 1953 when the number was 260. The number of Whooping Cough cases was low (25). In the past the number of Whooping Cough cases have paralleled those of measles but in recent years, because the practise of immunization against Whooping Cough has become an established procedure, the numbers are few.

There were no cases of confirmed paralytic poliomyelitis notified in the area during the year. There was, however, one unconfirmed case of non-paralytic poliomyelitis brought to my notice; another non-paralytic, notified outside the district, in a Beaconsfield resident, was brought home, where he made an uninterrupted and uneventful recovery. A notable feature of the table of incidence is the continuing absence of diphtheria, thus making 1955 the ninth successive year in which no case of diphtheria has been notified within the Council's district.

### Incidence of Notifiable Infectious Diseases (1955)

<i>Diseases</i>				<i>No of Cases</i>
1. Scarlet Fever	...	...	...	4
2. Measles	...	...	...	123
3. Whooping Cough	...	...	...	25
4. Poliomyelitis	...	...	...	Nil
5. Acute Pneumonia	...	...	...	1
6. Glandular Fever	...	...	...	1
7. Erysipelas	...	...	...	1

## DIPHTHERIA

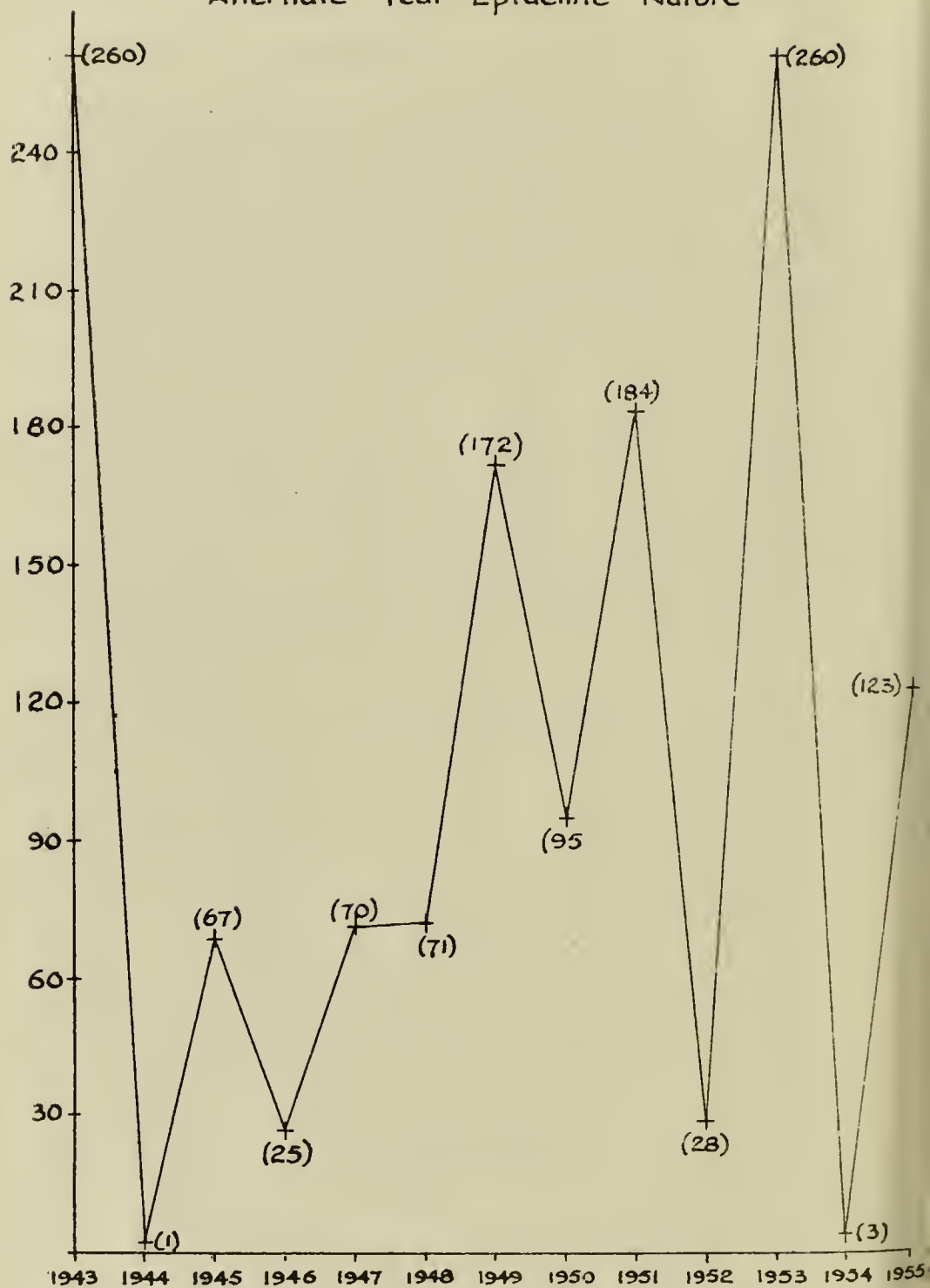
<i>Age Group</i>	<i>Under</i>								<i>Total</i>
	1	1	2	3	4	5-9	10-14		
Primary Immunization	54	31	4	2	3	3	—		97
Re-Immunization	—	—	—	—	3	73	36		112

# MEASLES — 1955.

	M	F	M	F	M	F	M	F	M	F	M	F	M	F
Numbers notified ...	32	39	96	76	52	43	87	97	14	14	141	119	1	2
Under 1 year ...	—	—	6	3	—	1	3	4	—	—	2	1	—	—
1-2 years ...	4	7	18	10	10	5	9	10	8	6	17	25	—	—
3-5 years ...	17	22	37	31	27	19	48	40	2	6	37	34	1	1
6-9 years ...	11	7	27	16	15	12	22	24	4	1	79	52	—	1
10-14 years ...	—	2	6	6	—	1	2	7	—	—	2	2	—	—
15-24 years ...	—	1	—	6	—	3	2	4	—	—	3	1	—	—
25 years and over ...	—	—	2	4	—	2	1	8	—	1	1	4	—	—
TOTAL (All ages) ...	32	39	96	76	52	43	87	97	14	14	141	119	—	—
TOTAL NOTIFICATIONS	71		172		95		184		28		260		6	
YEAR ...	1948		1949		1950		1951		1952		1953		1954	

# MEASLES

Alternate Year Epidemic Nature





There seems to be good evidence to suggest that the prevalence of diphtheria in the community has undergone a striking change in the past five years. Before 1950 diphtheria was not only common in all parts of the country, but it was thought that the causative organism itself was widely distributed, that in fact it was everywhere. The evidence to support this view was the fact that there was not a town or hamlet where investigation would not have brought to light a number of carriers of the disease. Indeed this was so much the case that it was hardly worth while seeking carriers and contacts because the search would have produced so many that their control would have been quite impossible. Today, however, the picture is different.

This reversal of opinion is based upon conclusions derived from a close study and detailed analysis of the 159 corrected notifications of diphtheria that occurred in England and Wales during 1954. One of the salient facts established by this study was the comparatively large extent of the country as a whole comprising the combined areas of the total number of County Councils that had been free from diphtheria for periods varying from one to seven years as from the 1st January, 1955.

Of the total number (62) of administrative County Councils, several (6) had been diphtheria-free for one year; many (15) had been free for four years, whilst two had been free for six, and another two for seven years. A similar story could be told of 60 County Boroughs. The study of the 159 cases during 1954 disclosed that the distribution of cases was scattered, most of the outbreaks occurring in single cases, in twos and threes, or in small single-figure numbers. The largest couple of outbreaks occurred in County Boroughs—one with ten and the other with twelve cases. All the outbreaks had certain features in common; the cases occurred in small family circles or in localised residential areas; the type of organism was common to each outbreak; the source of the original infection was usually difficult and often impossible to find, whilst at times there was doubt whether a positive bacteriological finding indicated a case or a carrier.

This study, in my view, disclosed another equally important fact, namely the increased incidence of diphtheria in the un-immunized. Of the 100 cases in the 0-14 year old age group, 61 were in children who had never been immunized and there were six deaths. In the immunized group there were no deaths. Indeed this study confirms the accuracy of the statement in an official Report that the "mortality indices have always shown diphtheria to be a most fatal disease at these younger ages" (i.e. in the under 1 year and the 0-4 year old age groups). It is, of course, known that the disease might well be almost eliminated altogether. To accomplish this, however, it is necessary that the immunization of not less than 75% of babies should be completed before their first birthday and it may be of interest to remind ourselves that in the country as a whole, the numbers of babies immunized during their first

year of life in 1954 was 36% and 38.4% in the first half of 1955. The corresponding figures for the Council's district for 1955 was 42.1%.

## **POLIOMYELITIS**

In mid-January 1956, the Ministry of Health announced its intention of making available a new British vaccine against paralytic poliomyelitis. The vaccine of the Salk type was believed to be as safe as it possibly could be and it would be available to Local Health Authorities for the vaccination of children in the two-to-nine year old age group during the months of May and June. Thereafter vaccination would be suspended till after the "polio season" and re-introduced in November when it is assumed that the season will have ended. Dependent upon the amount of vaccine available, it was hoped that between 300,000 and 500,000 children out of the 5½ million children eligible would be vaccinated in May and June. The scheme was on a voluntary basis and registrations for vaccination would be completed by the 14th April. The choice of groups for vaccination within the defined limits would rest solely with the statistical division of the Medical Research Council. Those children registered, but not vaccinated in the Spring, would be given priority in the Autumn.

During the past four months (January-April) considerable public controversy followed this announcement. Anxiety centred chiefly around the safety of the vaccine especially in view of the unfortunate incident with supplies of original vaccine from one particular laboratory in the U.S.A., in May 1955. What seems to have been insufficiently realised is the fact that immediately on receipt of the news of the events giving rise to the incident, the American Public Health Authorities acted decisively: the extensive pre-arranged programme of vaccination was suspended forthwith, and further use of the offending original vaccine was forbidden. On the discovery of the cause of the incident further stringent safety tests were applied to modified fresh supplies of vaccine. When these tests were successfully concluded, this revised standard vaccine was issued and the unprecedented vaccination programme got under way again. The point here for us in this country is the fact that the new British vaccine is believed to compare favourably not with the original U.S. vaccine which was discarded, but with the U.S.A. revised standard vaccine which, since the early summer of 1955, has been used in more than 10,000,000 vaccinations without mishap in the U.S.A. In addition, Salk vaccine, as used in the U.S.A., has been given to 1,000,000 Canadian children without incident during 1955, and the paralytic attack rate in the vaccinated was less than one fifth of that in the unprotected. Or, put more clearly, the protection afforded may be more readily understood perhaps if it is compared with the protection afforded by vaccination in this country against whooping cough, the results of which have recently been evaluated by the Medical Research Council. The figures



show that vaccination against whooping cough gives protection in 83% of cases, leaving unprotected 17%. That is to say it confers protection in four cases out of five. Similar results are believed to follow vaccination against paralytic poliomyelitis with the new British vaccine.

While vaccination with the present Salk type vaccine, which is a formalin-inactivated vaccine, should prove a most important advance in our means of preventing the disease, it would be unjustifiable to assume that the final answer has been found. The experience of the spring and summer will give an opportunity of assessing the full value of the vaccine regarding the scope of its efficacy. It is unlikely that the vaccine will abolish poliomyelitis although it may be expected to give a substantial measure of protection. It would be premature, therefore, to stop investigating alternative preventive measures, of which the most hopeful seems to be vaccine made from living attenuated virus which would be administered by mouth.

Of the 146 Local Health Authorities in U.K., 144 have accepted the Ministry's offer made in mid-January. The national figure of registrations is believed to be 29 per cent. of the children eligible. The figure for the County of Bucks as a whole is said to be 22 per cent.

## SECTION III

### HEALTH SERVICES IN THE AREA

#### 1. Hospital Services

There is no general hospital in Beaconsfield, but it has three Nursing Homes registered by the Bucks County Council. St. Joseph's Nursing Home, Candlemas Lane, was excluded from the operation of the National Health Services Act, 1946, by the direction of the Minister of Health.

Beaconsfield is just within the area of the North-West Metropolitan Regional Hospital Board. It might almost be described as a fringe area—it is the most northerly of the four Bucks Local Authority areas, namely Eton Urban, Eton Rural and Slough Borough—to be included in this Region. Its boundaries flank those of the adjoining Oxford Regional Hospital Board and Beafield, in the matter of Hospital services, looks towards High Wycombe in the Oxford Regional Hospital Area and not to Slough or Windsor situated in the North West Metropolitan Hospital Region.

#### 2. Laboratory Services

The Public Health Laboratory Service is concerned with Bacteriology and Epidemiology in relation to the diagnosis, prevention and control of Infectious Disease.

The Regional Public Health Laboratory is situate at Walton Street, Oxford, and, in general, undertakes, free of charge, the bacteriological examination of such specimens as sputum, nose and throat swabs, faeces, urine, blood, etc.

The chemical examination of water and sewage effluent is undertaken by the Public Analyst, Southwark Borough Council.

Because it is more readily accessible, a good deal of use is also made of the Public Health Laboratory Service at Luton, under Colonel Walker. The Bacteriological examination of water and ice-cream samples is usually carried out at this laboratory.

### **3. Nursing in the Home**

The following Nurse Midwives practised in the town during the year as follows:—

Up to August, 1955:—

Miss G. Urquhart, S.R.N., S.C.M., Q.N., and

Miss O. Rayner, S.R.N., S.C.M., Q.N.

From August, 1955, onwards:—

Miss M. E. Barton, S.R.N., S.C.M., Q.N., and

Miss M. R. Taylor, S.R.N., S.C.M., Q.N.

The address is : Nurses' Home, Candlemas Mead, Beaconsfield.  
Telephone : Beaconsfield 954.

### **4. Welfare Clinics**

Child Welfare Clinics to which mothers and their babies can be referred direct are provided by the County Council throughout their area. There are two such Clinics at Beaconsfield; one is held at the Old Rectory on the first and third *Friday* of each month, and where on the former session a Medical Officer is in attendance when immunization against diphtheria, free of charge, is undertaken. The other Child Welfare Clinic is held at the Congregational Hall, Holtspur, and its sessions are held on the first and third *Tuesday* of the month, the Medical Officer attending upon the latter session.

### **5. Ambulance Services**

This service, provided by the County Council under the National Health Service Act 1948, is for the conveyance of persons who, for medical reasons, are unable to travel by public transport.

The County Transport and Ambulance Service has been re-organized, and the Headquarters are now at 5, Buckingham Road, Aylesbury (Telephone : Aylesbury 375). In addition to Headquarters, six main stations have been established to cover the whole of the County to which application for transport should be made. The nearest main station to Beaconsfield is at High Wycombe. address : Queen Victoria Road, High Wycombe (Telephone No.: 2310).

Any ambulance station can make arrangements for stretcher or sitting car cases to travel by rail. Since this provides the most comfortable and economical way of sending the majority of patients long distances, it is used wherever possible.

## SECTION IV

### NOTIFICATIONS OF TUBERCULOSIS, 1955

During 1955 there were seven entries in the Tuberculosis Register, of which 5 were new cases from within the Council's district : two were transfers into the district, one of which was a re-notification on discharge from Peppard Sanatorium. The five new cases were Male, 18 : M., 55 : M., 44 : Female, 36 : F., 26. All cases received appropriate treatment, at hospitals, e.g. the Canadian Red Cross Hospital, Taplow, or the War Memorial Hospital, High Wycombe, and Sanatorium treatment at Peppard Common Sanatorium, Harefield Hospital or Pinewood Sanatorium, Wokingham. The overall pattern of tuberculosis in the country as a whole is one of increasing notifications of the disease with the mortality rate remaining static or even being lowered. This is indicated by the numbers of cases notified in Beaconsfield residents over the past five years. The number of new cases notified in 1955 was 5, whilst the mortality figure was 1 : in 1954 the cases were 4 with no deaths : in 1953 the cases were 5 with a mortality figure of 1, whilst in 1951 the cases were 10 with 1 death. The reasons for this are varied : one is that earlier diagnosis plays a part and another, no doubt, is the profound influence of the newer chemotherapy used in treatment. But it must be noted that there has not been a single case notified of non-pulmonary tuberculosis, that is, the tuberculosis of young children, such as T.B. glands of neck, tuberculosis of bones and joints which was once a common feature of the disease. The reasons attributed for the virtual disappearance of the tuberculosis due to the consumption of raw milk is given more fully in the following section.

### MILK BORNE TUBERCULOSIS, 1921-1953

The diseases of young children due to bovine tuberculosis, such as "T.B. glands of neck," abdominal tuberculosis, etc., caused by the consumption of raw milk, may, like diphtheria, be properly classified among the disappearing diseases. Indeed throughout the country as a whole, it may be said that these diseases have already virtually disappeared. When it is remembered that this disappearance has been achieved during the course of one generation, say roughly during the 1921-1953 period, it will be seen that this achievement is one of no mean magnitude. But unlike the disappearance of diphtheria which may or may not prove to be permanent because it is so largely dependent upon the continued co-operation of parents, the disappearance of the diseases due to bovine tuberculosis is believed to be permanent because the medico-social policy upon which the achievement is based, and the means devised to implement that policy, are matters which have now been written into the law of the land. Its permanence makes the achievement noteworthy. In the country as a whole, taking



the number of deaths from abdominal tuberculosis in children under 5 as the criterion of the prevalence of bovine tuberculosis, the number of such deaths in 1921 was 1,107 and in 1953 it was 12.

The policy behind this achievement is based on the fact that ultimately the only satisfactory milk for human consumption must be safe, that is, milk free from tuberculosis, and preferably milk that is safe from all infection including tuberculosis. The means devised to achieve this end were two-fold, both of which operated concurrently. On the one hand there was induced a steady improvement in quality of the individual members of dairy-herds and on the other there was introduced the scheme for the provision of milks of special designation. One of these designations was known as T.T. milk, that is milk from an attested, tuberculosis-free herd; another designation was that of Pasteurised milk, that is milk which had been subjected to heat treatment in such a manner as to kill all infectious organisms including tuberculosis. It was not uncommon for T.T. milk to be pasteurised. The implementation of this policy proved so successful that today within certain areas specified by the Minister, and which in all comprise about 68% of the total population of the country, the sale for human consumption of milks of special designations is obligatory, thus rendering the sale of raw undesignated milk for this purpose in such areas illegal.

In 1953 the Minister of Food was empowered under the relevant Act, by Order, to specify areas within which the sale of designated milks was made obligatory, but until then the change-over from raw to designated milk for human consumption had rested on a voluntary basis. In the country as a whole the change-over was intermittent in character and uneven in its spread. On the whole, the larger towns, including London, were quick to welcome pasteurised milk as an additional safeguard to health but the rural areas on the other hand were slower to appreciate its significance. It therefore followed that the risks of contracting tuberculosis from milk was higher in the country districts than in the towns. Indeed it has been estimated that the risk was ten times greater in the country than in a town where all milk was pasteurised during the period 1921-1944. Though the figures are not accurately known, in 1921 in London the amount of milk pasteurised was 50% and in the rural districts very much less, with very little T.T. milk sold in either. In 1944 the amount of pasteurised milk sold in London was 98% and in rural districts still appreciably less. Today the figure for London is in the region of 100%, and for England and Wales 88%; the amount of milk from attested herds pasteurised being 58%.

Abdominal Tuberculosis in Children under 5 Years of Age

				1921		1953	
				Rates per million	No. of Deaths	Rates per million	No. of Deaths
London	...	...	...	136	51	4	1
County Boroughs	...	...	...	437	490	1	1
Urban Districts	...	...	...	336	390	1	2
Rural Districts	...	...	...	252	176	12	8
				1,107		12	

What was once a common disease, viz. Tuberculosis of bovine origin of bones, joints and other organs, has followed cholera and plague into the limbo of the past. The once all-too-common ailment of children, viz. "T.B. glands of neck," which was once an accepted feature of English life and which was previously known as "scrofula" and also as "king's evil," cured by the royal touch, has now disappeared: the long drawn-out battle for safe milk—at least for tuberculosis-free milk—has been virtually won.

SECTION V

MILK

Milk and Dairies Regulations, 1949—Section 20

When a Medical Officer of Health is satisfied that any person is suffering from disease caused by the consumption of milk, or if he has reasonable grounds for *suspecting* that a person is so suffering or indeed that the milk is *infected* with an organism capable of causing disease in man, he may serve a notice prohibiting the sale of such milk unless it has been treated in such a way as to secure to his satisfaction that it may, with safety, be sold for human consumption. A dairy farmer on whom such notice is served, is entitled to compensation for damage or loss by reason of the notice served.

The commonest organisms giving rise to infected milk are the organisms of brucella, which give rise to "slipped calf" or abortion in cattle, and are capable of giving rise to disease in man. Happily no samples of milk infected with these organisms were reported to me during 1955. Another not uncommon cause of infected milk are the organisms of Tuberculosis: these give rise usually to non-pulmonary tuberculosis, that is, commonly in children, to tuberculosis of the glands of neck, or bones and joints and sometimes of

the meninges. The presence of these organisms in milk was reported on one occasion during 1955. However, as the Council's district had become a "specified area" under the relevant regulations whereby it was illegal to sell such milk raw in this district, the question of serving a notice and the consequent entitlement to damages did not arise. Further, arrangements were made to secure that all milk from these herds was rendered safe prior to sale for human consumption elsewhere.

### **Tuberculosis Order, 1938**

An investigation of the individual members of the dairy herd reported above resulted in the removal and slaughter of one cow under the terms of this Order.

### **Food and Drugs Act, 1950—Section 23**

Under the authority of Statutory Instrument 1953, No. 1660, which became effective on the 2nd December, 1953, the Urban District of Beaconsfield became a "specified area." One of the main purposes of this Section was no doubt to prevent the spread of bovine tuberculosis through infected milk. Since then the Minister has made a further Order specifying the whole of the remainder of the County of Bucks. When this further Order became operative on the 21st March, 1955, it was estimated that 68% of the population of England and Wales would be living within "specified areas."

## **SECTION VI**

### **NATIONAL ASSISTANCE ACTS, 1948 — 1951**

The duties imposed by two sections of these Acts, viz. Section 47 and Section 50, are the responsibilities of the local District Councils. The provisions of the former have for their purpose the securing of the necessary care and attention for those who are suffering from chronic disease, or being aged, infirm are living in insanitary conditions and are unable to devote to themselves, and are not receiving from others, proper care and attention. Under the latter section, the duty is placed upon local Councils to arrange for the burial or cremation of any person who has died or been found dead in their area when no other arrangements are being made for the burial. The Council has not been called upon to fulfil its responsibilities under either of these sections during the year.

# SECTION VII

## HOUSING

Housing accommodation provided by the Council and occupied on the 31st March, 1955, was as follows:—

A. Number of Pre-war Dwellings	...	...	224
B. Number of Temporary Dwellings	...	...	40
C. Number of Post-war Dwellings (other than B)			385
			<hr/>
			649
			<hr/>

## THE PROBLEM OF THE OLDER HOUSES

### The Housing Repairs and Rents Act, 1954

This Act came into operation just over a year ago, on the 31st July, 1954, but the background of the problem of the older houses is, of course, much older. It is estimated that in the country as a whole there are at least 5 million houses over sixty-five years old, but the present character of local authority activities dates from the conclusion of the 1914-1918 war. The pattern then followed was first the provision of new houses to make up the losses of the war years, and subsequently a drive against slum dwellings.

A comparable pattern has emerged following the 1939-1945 war and in the past few years under the 1949 Housing Act and the Housing Repairs and Rents Act of 1954, the stage has now been reached when some of the energies directed to the provisions of additional houses are being diverted to the repair and improvement of older houses and to the replacement of those unfit and appropriate for clearance.

The objective in respect of the older houses is to secure needed repair of those capable of further service, to encourage appropriate improvements, and to clear away houses deemed unfit for further use. In every sizeable town, in every sizeable hamlet there are houses which have outlived their usefulness as human habitations. The national total of unfit houses is difficult to assess. The estimates which housing authorities were invited to submit by the 30th August, 1955, will be subject to some reservations because of the scope for varied interpretations of unfitness.

The provisions of the Act in regard to improvement grants for the modernisation and conversion of suitable houses are not obligatory but permissive. The Council's present policy is to restrict consideration of applications for such grants to those properties which are listed in the housing survey carried out by the Sanitary Inspection as not being up to the standards required by the Housing Acts.



## Housing of the Aged and Elderly

Under present day legislation, the responsibility for the aged and elderly is shared by three different sets of authorities. The Regional Hospital Board is responsible for the aged and elderly when they require hospital treatment; the County Council as Welfare Authority is responsible for Part III (institutional) accommodation for the fit aged and elderly who are unable to give themselves, nor are receiving from others, necessary care and attention, whilst the local District Council, having regard to their special housing needs, is responsible for the provision of suitable housing accommodation under the Housing Acts.

The welfare of the aged and elderly has, for some years, received the devoted attention of the residents of the Beaconsfield District. The Beaconsfield Old People's Welfare Committee has long played an important part in this matter. A group of interested persons convened a public meeting to devise means for the provision of suitable accommodation for the aged and elderly. From this meeting there was formed a Beaconsfield Housing Society Ltd., for this express purpose, and ultimately the property known as "Harrias" House, Hedgerley Lane, was acquired on a long lease. There is a resident Warden and the accommodation provided consists of 14 single bedrooms and 6 double bedrooms. This scheme enables the aged and elderly to continue to lead independent lives. "Harrias" House was formally declared open by The Lady Burnham, J.P., in April, 1956.

The Council as Housing Authority has also played its part in the provision of suitable housing accommodation for the aged and elderly. The Council has built in all 50 units of accommodation for elderly females and 12 bungalows for elderly married couples.

## SECTION VIII

### Sewerage and Sewage Disposal

Two Sewage Disposal Works serve the district, viz. the Holtspur Bottom Works, which is nearly 34 acres in extent, and the Hedgerley Lane Works of about 26 acres.

At the former, owing to the considerable increase in daily flow, the Council has acquired additional land of about  $1\frac{1}{2}$  acres as a safety measure against flooding during periods of exceptional rain. At both, work of a routine maintenance nature has been undertaken and the disposal of sewage has been adequately and safely carried out.

As will be seen from the adjoining table, there are a considerable number of Cesspools within the district that require emptying.

### CESSPOOLS

Number of Cesspool emptyings in district	...	763
Loads Disposed of in district	... ..	2,220



# SECTION IX

## SANITARY CIRCUMSTANCES OF THE AREA

### 1. Water Supply

The Council is not a Statutory Water Undertaking, but two such Undertakings serve the district, viz.: The Amersham and Beaconsfield Water Company which was recently taken over by the Rickmansworth and Uxbridge Valley Water Company, and the Marlow Water Company : the former serves the main body of the town and the latter Holtspur and District.

There is a piped water supply serving the whole of the district : there are no drinking water wells in use. Several samples have been taken during the year for bacteriological and chemical analysis. Throughout the whole of the area the supply has been satisfactory in both quality and quantity; it is not liable to have plumbo-solvent action.

Water taken from :	Probable No. of coliform bacilli per 100 ml.	Result
Station Approach	Nil	Highly satisfactory
Penn Road ...	Nil	" "
Holtspur ...	Nil	" "
London Road ...	Nil	" "

### 2. Refuse Disposal and Salvage

Refuse disposal at Hare Hatch Lane tip has been temporarily suspended, arrangements having been made to dispose of refuse in a gravel pit situated outside the district.

Refuse Bins emptied in district ... 158,463

Loads to shoot ... 1,388

The Salvage returns for the year 1955 are as follows:—

	Weight				Value		
	Tons	Cwts.	Qrs.	Lbs.	£	s.	d.
1. Waste Paper ...	64	4	2	0	568	2	4
2. Scrap Iron ...		1	2	0	11	5	0
3. Rags ...		16	2	0	21	9	0
4. Salvage ...	114	10	2	0	926	10	3
	179	13	0	0	£1,527	6	7

### 3. Abatement of Nuisances

The following defects were dealt with by means of informal action during 1955 : Septic Tank defective (1): Broken Vent-pipe (2): Blocked drains (4): Defective chimney flue (2): Defective floor boards (2): Defective down-pipe (2): Nuisances arising from smell and smoke (4): Defective plaster-work (3): Serious condensation.

There were no Formal Statutory Notices authorized in 1955. There were two Informal Notices outstanding on 31/12/1955, and three Informal Notices were complied with during the year.

### 4. Verminous Premises

During the year two verminous premises were dealt with and three infestations with cockroaches. The former consisting of bed-bug infestation were effectively dealt with by means of a special proprietary compound consisting, it is believed, of pyrethrum and D.D.T. The infestation was revealed when workmen were sent to undertake repairs to a house after the tenant had moved into another house where the bedroom bedding was also found to be infested. The infestation by cockroaches were found in two private houses in different parts of the town : one of the premises adjoining a bakehouse, and the infestation was dealt with by a company specializing in this type of vermin control : the other was a larger house which had been infested for some time and required the removal of a large continuous burning cooker to abate the nuisance and the replacement of the cooker in a sealed-in compartment.

### 5. Sanitary Inspector's Visits

1.	No of houses inspected under the Public Health Acts ...	22
2.	No. of houses revisited under the Public Health Acts ...	26
3.	No. of houses inspected under the Housing Acts ...	207
4.	No. of houses re-inspected under the Housing Acts ...	42
5.	No. of houses inspected for vermin ... ..	6
6.	No. of rooms disinfected ... ..	8
7.	Smoke observations ... ..	12
8.	Visits in connection with drainage ... ..	14
9.	Visits in connection with water supply ... ..	4
10.	Visits to shops ... ..	16
11.	Visits in connection with infectious disease ... ..	12
12.	Visits in connection with factories ... ..	6
13.	Visits in connection with Public Health samples ... ..	18
14.	Visits in connection with defective dustbins ... ..	10
15.	Miscellaneous ... ..	12

**6. Pet Animals Act, 1951**

There has been no application for permission to keep a pet shop in the Council's district.

**7. Rag, Flock and Other Filling Materials Act, 1951**

There is one premises registered under the Act, the activities carried on being the manufacture of soft toys and upholstery.

**8. Housing**

- 1 Inspections of Dwelling-houses during the year:—
  - (a) Total number of dwelling-houses inspected for having defects (Under Public Health or Housing Acts) ... 243
  - (b) Number of Inspections made for the purpose ... 304
  - (c) Number of dwelling-houses found to be so dangerous as to be unfit, or injurious to health ... 28
  - (d) Number of dwelling-houses found not to be in all respects fit for human habitation ... 75
  
- 2. Remedy of defects during the year without the service of a formal notice:—
  - (a) Number of defective dwelling-houses rendered fit in consequence of *informal* action by local Authority or their Officers ... 7
  
- 3. Action under Statutory Powers during the year. Proceedings under Section 9, 10 and 16 of the Housing Act 1936 :
  - (a) Number of dwelling-houses in respect of which Notices were served requiring repairs ... Nil
  - (b) Number of dwelling-houses which were rendered fit after service of formal notices ... Nil

**RODENT CONTROL**

**9. Prevention of Damage by Pests, 1949**

The Council employs one part-time Rodent Operative who works under the supervision of the Rodent Officer.

The Prevention of Damage by Pests Act came into force on the 31st March, 1950. It requires the Council to submit an Annual Return to the Ministry of Agriculture and Fisheries. The following figures are taken from Form PDR/2 submitted for the 15-month period ending 31st March, 1956:—

(a) Type and Estimated Total number of Premises :

1. Local Authority	...	...	...	...	...	8
2. Dwelling Houses	...	...	...	...	...	2,610
3. Agricultural Property	...	...	...	...	...	17
4. Business and Industrial Premises	...	...	...	...	...	175
						<hr/> 2,810 <hr/>

(b) Classification of Infestations :

1. Major	...	...	...	...	...	...	2
2. Minor	...	...	...	...	...	...	88
3. Mice Only	...	...	...	...	...	...	2

(c) Notices Served :

1. Under Section 4 (Treatment)	...	...	...	...	1
2. Structural Works (Proofing)	...	...	...	...	6
Block Control Schemes carried out	...	...	...	...	2

## 10. Inspection and Supervision of Food

The Model Byelaws relating to the Food and Catering Trades are operative in the district and co-operation with shopkeepers selling food for human consumption has been well maintained during the year. Where a shopkeeper is doubtful of the fitness of any such article of food he gets in touch with the Department at once and after an inspection has been made the food may be voluntarily surrendered by the shopkeeper or passed as fit. As will be seen from the following list of condemned foodstuffs, the amount so surrendered is relatively small. Though the modern processes of using tinned foodstuff has come to stay, the relative amount of tinned foodstuff deemed to be unfit for human consumption is small compared with the quantity that must be consumed without complaint. Members of the public too are, of course, at liberty to report such purchases as they buy to this Department if they are of opinion that it is unfit for human consumption. The amount of condemned foodstuff was again small, and during the past year it was as follows:—

## CONDEMNED FOODSTUFF.

					Qrs.	Lbs.	Ozs.
1.	Meat	...	...	...	2	2	12
2.	Sausages	...	...	...		12	0
3.	Chipolata	...	...	...		20	0
4.	Offal	...	...	...	1	16	0
			(Tins)				
5.	Corned Beef	(2)	...	...		6	6
6.	Peas	(3)	...	...		1	13
7.	Apricots	(7)	...	...		1	13
8.	Butter Beans	(1)	...	...		0	15½
9.	Peeled Potatoes	(1)	...	...		0	8
10.	Pineapple Pieces	(2)	...	...		1	0
11.	Garden Peas	(3)	...	...		1	13
12.	Luncheon Meat	(1)	...	...		4	0
13.	Carrots	(1)	...	...		1	13
14.	Cream	(1)	...	...			
15.	Evaporated Milk	(1)	...	...			

Condemned foodstuff is surrendered and is disposed of by incineration. Normally, at slaughterhouses since 1943 all meat and offal unfit for human consumption was removed by contractors approved by the Ministry of Food. The material was used in the manufacture of tallow, greases, animal feeding meals and fertilizers, being sterilized in the process of manufacture. As from 1st August, 1953, revised arrangements came into operation, whereby condemned materials from controlled slaughterhouses were offered for sale by public auction at regular intervals. More recently, in December, 1953, revised conditions of sale, incorporated clauses with a direct bearing on prevention of danger to public health. By the provisions of Livestock (Restriction on Slaughtering) Order 1947, all condemned meat and offal is stained green before delivery to buyers.

### 12. Food Poisoning

There was no confirmed case of food poisoning within the District during the year.

### 13. Milk

As the responsibility for designated milks in this urban district rests with the County Council, that Council will also be the authority for the enforcement of the conditions of the Milk (Special Designations) (Specified Areas) (No. 2) Order, 1953.



The following licences were issued :

Special Designation "Tuberculin Tested"	...	...	2
Supplementary licence authorising use of special designation "Tuberculin Tested"	...	...	1
Special Designation "Pasteurised"	...	...	1
Special Designation "T.T. Pasteurised"	...	...	2
Special Designation "Sterilized"	...	...	1

#### 14. Specified Area

Since the 3rd December 1953 the Beaconsfield Urban District is included in an area within an Order made by the Minister of Food. Since then it has been illegal to sell raw undesignated milk within the Council's District.

#### 15. Ice-Cream

In connection with the Ice-Cream (Heat Treatment, etc.) Regulations, 1947, frequent visits have been made to premises where ice-cream is sold.

There are no premises registered where ice-cream is manufactured, but there are 14 registered for the sale and storage of ice-cream. Seventeen samples of ice-cream were submitted for bacteriological examination; of these 3 were in Grade IV; 6 in Grade III; 4 in Grade II, and 4 in Grade I of the Provisional Grading Scheme.

# G. FACTORIES ACT, 1937

## Part I of the Act

1.—*Inspections* for purposes of provisions as to health (including inspections made by Sanitary Inspectors).

Premises	Number on Register	Number of		
		Inspections	Written notices	Occupiers prosecuted
(i) Factories in which Sections 1, 2, 3, 4 and 6 are to be enforced by Local Authorities ... ..	5	7	—	—
(ii) Factories not included in (i) in which Section 7 is enforced by the Local Authority ... ..	22	8	—	—
(iii) Other Premises in which Section 7 is enforced by the Local Authority (excluding out-workers' premises) ...	—	—	—	—
TOTAL ... ..	27	15	Nil	Nil

2.—Cases in which *Defects* were found.

Particulars	Number of cases in which defects were found				Number of cases in which prosecutions were instituted
	Found	Remedied	To H.M. Inspector	Referred By H.M. Inspector	
Want of cleanliness (S.1) ... ..					
Overcrowding (S.2) ... ..					
Unreasonable temperature (S.3) ... ..					
Inadequate ventilation (S.4) ... ..					
Ineffective drainage of floors (S.6) ... ..					
Sanitary Conveniences (S.7) :					
(a) Insufficient ... ..					
(b) Unsuitable or defective ... ..	2			1	
(c) Not separate for sexes ... ..					
Other offences against the Act (not including offences relating to Outwork) ... ..					
TOTAL ... ..	2	Nil	Nil	1	Nil

3.—*Outwork.*

We have no notified outworkers in the district.



# APPENDIX I

## BOROUGH OF SOUTHWARK

Public Analyst's Department,  
Health Services Department,  
Walworth Road, S.E.17.

D. F. H. Button, A.R.C.S., F.R.I.C.  
Public Analyst.

Report on the Analysis of a sample of water received from the Beaconsfield Urban District Council, Beaconsfield, Bucks.

Sample of water supplied by the Marlow and District  
Water Company.

Appearance .....	Clear and Colourless
Reaction (pH) .....	7.1
	Parts per Million
Free Chlorine .....	nil
Total Solids .....	326
Chlorine in Chlorides .....	13.0
Ammoniacal Nitrogen .....	nil
Albuminoid Nitrogen .....	0.010
Nitrate Nitrogen .....	4.0
Nitrite Nitrogen .....	nil
Oxygen absorbed from permanganate (3 hrs. at 98°F.) .....	0.20
Hardness, Temporary .....	245
Permanent .....	26
Total .....	271
Metals—Lead, Copper, Zinc .....	Not found

From these results I am of opinion that this water is chemically of high purity and suitable for drinking and domestic use.

(Signed) D. F. H. BUTTON,  
Public Analyst.

## APPENDIX II

### BOROUGH OF SOUTHWARK

Public Analyst's Department,  
Health Services Department,  
Walworth Road, S.E.17.

D. F. H. Button, A.R.C.S., F.R.I.C.  
Public Analyst.

Report on the Analysis of a sample of water received from the Beaconsfield Urban District Council, Beaconsfield, Bucks.

Sample of water supplied by the Rickmansworth &  
Uxbridge Valley Water Company.

Appearance .....	Clear and Colourless
Reaction (pH) .....	7.3
	Parts per Million
Free Chlorine .....	nil
Total Solids .....	346
Chlorine in Chlorides .....	13.0
Ammoniacal Nitrogen .....	0.015
Albuminoid Nitrogen .....	0.013
Nitrate Nitrogen .....	1.6
Nitrite Nitrogen .....	nil
Oxygen absorbed from permanganate (3 hrs. at 98°F.) .....	0.16
Hardness, Temporary .....	255
Permanent .....	30
Total .....	286
Metals—Lead, Copper, Zinc .....	Not found

From these results I am of opinion that this water is chemically of high purity and suitable for drinking and domestic use.

(Signed) D. F. H. BUTTON,  
Public Analyst.